

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006814

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 14 1962

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Independence

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Independence San. &amp; Hospital

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Jackson

c. CITY  
OR TOWN

Independence

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

1013 West South Ave.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Harry

Wile

Maurer

## 5. SEX

Male

6. COLOR OR RACE  
White7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

12-11-1882

## 9. AGE (last birthday)

79

10. UNDER 1 YEAR

IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)

Retired Railroad worker

10b. KIND OF BUSINESS OR INDUSTRY

S.W.O. R.R.

11. BIRTHPLACE (City and state or country)

Reading Penn.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Zacharia Maurer

13b. MOTHER'S MAIDEN NAME

Bright

14. NAME OF HUSBAND OR WIFE

Minervia Maurer

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

16. INFORMANT

Minervia Maurer 1013 West South Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Ruptured aneurysm of abdominal aorta

INTERVAL BETWEEN  
ONSET AND DEATH  
3 1/2 hrs.

DUE TO (b)

Generalized Arteriosclerosis

Undet.

DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

Arteriosclerotic Heart Disease - Undet.

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes☐ No☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-5-62 to 3-5-62 and last saw her  
him alive on  
Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Roland R. Speaks, M.D.

22b. ADDRESS

10901 Winner Rd., Indep., Mo.

22c. DATE SIGNED

3/6/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

23b. DATE

3-8-1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

Mound City

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Roland R Speaks Funeral Home

25. DATE RECD. BY LOCAL REG.

3-8-62

26. REGISTRAR'S SIGNATURE

Alla L. Craig

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Don D. Lindsay, Student Embalmer No. 649  
working under my personal supervision.

Student Don D. Lindsay  
Signature of Student Embalmer

Signed Wayne Smith

Licensed Embalmer No. 5081

P. O. Address Andes, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.